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OFFICE OF THE MISSISSIPPI SECRETARY OF STATE P.O. BOX 136, JACKSON, MS 39205-0136 (601) 359-1333 Registered Agent/Office Statement of Change Profit Corporation

1. Corporate ID
2. Corporate Name
3. Federal Tax ID
4. Name and Street Address of the Registered Agent and Registered Office (as on file with the Secretary of State)
Name
Physical Address
P.O. Box
City, State, ZIP5, ZIP4
5. New Registered Agent's Name and Registered Office
Physical Address
P.O. Box
City, State, ZIP5, ZIP4

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6. If agent has changed, mark appropriate box							
	6A: The undersigned hereby accepts designation as registered agent for service of process						
	Signature of Re (Please keep writi						
OR							
	6B: Statement of written consent is attached, signed by the new registered agent						
7. The Corporation has been notified of the change of registered office.							
	Yes		No				
By:	Signature				(Please k	eep writing within block)	
	Printed Name				Title		
	Printed Name				Title		

Filing Fee: \$10.00